PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Dock t Number 0.500154

. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI			BASIC FEE		
TO	TAL CHARGE	ABLE CLAIMS	17 minus 20=		· 8			V0.0		1			
INDEPENDENT CLAIMS			√ minus 3 =					X\$ 9=	ļ	OR	X\$18=		
—		NDENT CLAIM P			2			X40=	:	OR	X80=	160.00	
		e in column 1 is	Toro onto	"O" :			+135=		OR	+270=			
						column 2		TOTAL		OR	TOTAL	27 U. DO	
	((Column 1)	AMENDE	D - PAR (Colur		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· .	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	ENTATION OF M	Minus	***	01.414	-	- 1	X40=		OR	X80=		
	TINOT PACSI	ENTATION OF M	OLTIPLE DI	EPENDENI	CLAIM		ı	+135=		OR	+270=		
							L	TOTAL		OR	TOTAL		
	100	(Column 1)		(Colun	nn 2)	(Column 3)	^	DDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	T tal	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		l			
_	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		F	A40-		OR	X80=		
							L	+135=		OR	+270=		
							A	TOTAL DIT, FEE		OR A	TOTAL DDIT. FEE		
_		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	П	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	H	X40=		ŀ	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM		-	740-		OR			
• 11	the entry in colu	L	⊦135 =		OR	+270=							
1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
i	he "Highest Num	nber Previously Paid	d For (Total o	or Independer	ness than	i 3, enter "3." highest number		DIT. FEE L	opriate box				